This form is available electronically							Form Approved - ONB No. 0560-0182	
MQ-72-C (03-18-03)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency							
		REPORT OF	RECEIVIN	IG STA	TIO	N PURCH	ASE	
1. NAME OF P	RODUCER						2. POUNDS PURCHASED	
								LBS.
3. STATE CODE	4. COUNTY CODE	5. FSN	6. DATE OF PURCHASE			CHASE	7. KIND OF TOBACCO (Check one below:)	
			MM	DD YYYY		YYYY	Burley Flue-cured	
8. NO NET COST COLLECTION (If applicable) 9. PENALTY CO						ENALTY COLL	LECTION (If applicable)	
\$					\$			
10. RECEIVING	STATION IDENT (5 Digits)	IFICATION NUMBER	11. RECEIVING	G STATIC	IAN NO	ME		

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Pub. L. 430 and 7 CFR Part 723. The information will be used to ensure that the integrity of the tobacco program is not compromised. Failure to furnish the requested information will result in receiving station official not retaining the marketing card(s). Furnishing the requested information is voluntary. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 371, 641, 651, 1001; 5 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0182. The time required to complete this information collection is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO THE MARKETING RECORDER.

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